

**MAIL APPLICATION AND PAYMENT TO:**

Stockton Police Department  
Alarm Reduction Unit  
22 E. Market St.  
Stockton, CA 95202

Fill out this form, print it, and mail it to the address listed on the left

# ALARM PERMIT APPLICATION

## STOCKTON POLICE DEPARTMENT

PLEASE TYPE OR PRINT CLEARLY

☐ **NAME OF BUSINESS:** \_\_\_\_\_

☐ **NAME OF RESIDENCE:** \_\_\_\_\_

**ALARM LOCATION:**

Address \_\_\_\_\_ Apt. or Suite # \_\_\_\_\_  
Stockton, CA \_\_\_\_\_ (209) \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

**MAILING ADDRESS:** *(if different than alarm location)*

Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt. or Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ( Phone \_\_\_\_\_ )

**Emergency Call List** – Someone **with a key** to the alarm location is required to respond to an activated alarm **within 20 minutes** (SMC 5-412). Access to the inside of the alarm location enables police officers to investigate the alarm and verify that your home or business is safe and secure for your return.

Name of Responders:

Phone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_  
( ) \_\_\_\_\_  
( ) \_\_\_\_\_

**ALARM COMPANY:** \_\_\_\_\_

Do you have a monitored alarm? ☐ Yes ☐ No

A MONITORED ALARM sends a signal to a monitoring station.

Name of Monitoring Station: \_\_\_\_\_

Monitoring Station 24-hour Phone No.: \_\_\_\_\_

- For inquiries regarding the Alarm Ordinance, visit our Web site at [www.stocktongov.com](http://www.stocktongov.com) or call (209) 937-8615.
- Please include your **\$46.20 permit fee** with this form, payable to City of Stockton.

**X** \_\_\_\_\_

Signature of Applicant

**FOR OFFICE USE ONLY**

☐ **NEW**

☐ **RENEWAL**

☐ **CHANGE**

RECEIVED \_\_\_\_\_ CAD \_\_\_\_\_ PERMIT NO. \_\_\_\_\_